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				(Signature)			
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APPLICATION NO.	FILING DATE	FIRST NAMED		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/591,129	07/16/2007	Peter Bat		iur	2400.0730000/VLC/CMB	7330	
TITLE OF INVENTION: CARBOXAMIDES							
APPLN, TYPE	SMALL ENTITY			PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1,510		\$300	\$1,810	05/31/2011	
EXAMINER ART			CLASS-SUBCLASS				
ARNOLD, ERNST V 1613 424-405000							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address from PTOSB122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTOSB147, Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 2 registered patent attorneys or agents OR, alternatively, (2) the name of a single from (having as amembra a registered atomety or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3				
<ol> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (prin or type)</li> <li>PLEASE NOTE Unless an assigne is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of hits form is NOT a substitute for filing an assignment.</li> <li>(A) NAME OF ASSIONEE</li> <li>(B) RESIDENCE (CITY and 57ASIONEE</li> </ol>							
BAYER CROPSCIENCE AG MONHEIM, GERMANY							
Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [ X ] corporation or other private group entity [ ] government							
4a. The following fee(s) are enclosed:  [X] Issue Fee [X] Publication Fee (No small entity discount permitted)  [X] Advance Order - # of Copies 1			Ab. Payment of Fee(s):     A check in the amount of the fee(s) is enclosed.     The Payment by credit card. Electronically Filed.     The Director is hereby authorized to charge any deficiency in the required fee(s), or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).				
5 Change in Entity Status (from status indicated above)  [ ]a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [ ]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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(Authorized Signature)	1. a. C . M	15WV		Date) MW 19, 2011			
Typed or Printed Name	uchez	I	Registration No. 47,438				
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